

Article

Versus the Science of Mind and the adaptation

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Abstract

The sociologist Nicholas D. Jewson even more forcefully asserts this objectification of the nineteenth-century hospital patient in his now classic essay, 'The Disappearance of the Sick-Man from Medical Cosmology, 1770–1870'. In it, he claims 'Hospital Medicine' is that in which the 'sick-man' is 'unequivocally subordinated to the medical investigator', and 'designated a passive and uncritical role in the consultative relationship, his main function being to endure and to wait'.⁴ On these two foundational statements of the objectification, silencing, and subordination of the nineteenth-century hospital patient, other historians have elaborated further arguments that 'the patient's view' could not be directly accessed. David Armstrong, in 'The Patient's View', suggests that the patient's view is simply a 'precise technique' demanded by medical authority. The patient's pain, once the archetypal symptom, was assumed to be accessible to the doctor only through self-reflection on the doctor's own experience of pain.

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The brain is the organ of the mind just as the lungs are the organs for respiration. How does the Mind Function? Krishnamoorthy (2009) uses an analogy. The 2015 agreement, which included a Japanese promise to pay into a fund to

support surviving former 'comfort women', was hailed by some as an important step towards reconciliation. But the rather vague statements made by the two foreign ministers in December 2015 left huge questions unanswered. Where is the Mind Located?

based on computers to explain the workings of the mind: 'The mind... is a virtual entity, one that reflects the workings of the neural networks, chemical and hormonal systems in our brain.' The mind cannot be localised to particular areas within the brain, though the entire cerebral cortex and deep grey matter form important components. Consciousness, perception, behaviour, intelligence, language, motivation, drive, the urge to excel and reasoning of the most complex kind are the product of the extensive and complex linkages between the different parts of the brain. Likewise, abnormalities attributed to the mind, such as the spectrum of disorders dealt with by psychiatrists and psychologists, are consequences of widespread abnormalities, often in the chemical processes within different parts of the brain

It was unclear whether the Japanese government was even acknowledging the fact that 'comfort women' had been forcibly recruited, and subsequent statements by Foreign Ministry officials only served to further deepen the doubt (Morris-Suzuki). Rumours soon began to circulate that a precondition for the payments from the Japanese government was the removal of the 'comfort woman' statue outside the Japanese embassy: hence the presence of the young protestors, who mounted a non-stop 'guard' to prevent the disappearance of the statue (Kirk; Straits Times). What had started out looking like an act of reconciliation was by now starting to look—to some at least—more like an offer of hush-money, a payment for the creation of amnesia.

These stories highlight the profound dilemmas confronted in this special issue: conflicts over the memories and tangible scars left by wars, invasions and colonialism are a worldwide problem. Raising the spectre of international comparisons in the context of this history of violence may risk unleashing an ugly game of competitive self-justification: 'look, they are worse than us; we are not as bad as them'. But that is not, and must never be, the point. The point is that the wars and colonial violence of the nineteenth and twentieth centuries have left legacies of that injustice and violence which live on in many parts of the world. The task for those who try to address those legacies in diverse places is to learn from one another about ways to nurture redress and healing. He then dressed it with 'the Spray,' then put on chloride of zinc & moved the arm to & fro. The pain was indescribable. I never felt such excruciating pain before but often afterwards. I also felt the arm quite loose from my body [...]. Prof. then said to the students, '[...] I have a great fear of putrefaction setting in here & you all know the outcome. Thus I will look anxiously for the second day, or third day, between hope and fear. I hope the chloride of zinc will preserve it, but it is only an experiment'. I

Margaret Mathewson, twenty-eight-year-old daughter of a schoolteacher in Shetland, describes her tortuous post-operative experience after undergoing surgery for a tubercular shoulder joint performed by the well-known surgeon, Professor Joseph Lister. Her narrative account of her experience in the Infirmary vividly details what it was like to be a surgical patient

in Scotland in the year 1877. Mathewson not only describes what her pain felt like, but the ardent evangelical faith that helped her endure that pain. In addition, in one startling section of the narrative she describes what she believes to be a medical student's deliberate infliction of unnecessary pain, and her own and Lister's responses to this. Her account of a nineteenth-century charity hospital patient's experience, written in her own words, not only provides invaluable insights into the Victorian hospital world 'from below', but ultimately projects a dramatic contrast to the Foucauldian image of the patient as objectified, silenced, and subordinated.²

Yet in the above quotation, Lister appears to treat his patient as an object lesson for his medical students, freely announcing in front of the patient his fear that this particular 'experiment' might not work, and that if it did not, they all knew 'the outcome'. Indeed, Mathewson responded to Lister's words with a lengthy meditation on her 'hopes of eternity', as the 'Prof.' evidently had 'very poor hopes of my recovery' (S2, 46). Mathewson's description of this episode in her hospital history seems to amply confirm Michel Foucault's thesis in *The Birth of the Clinic* (1963) that hospital patients in the nineteenth century were objectified:

in the clinic [...] one is dealing with diseases that happen to be afflicting this or that patient: what is present is the disease itself [...]. The patient is the accident of

his disease, the transitory object that it happens to have seized upon.³

'The patient's view and the doctor's view were shadows of each other.'⁵ Mary Fissell, in *Patients, Power, and the Poor in Eighteenth-Century Bristol*, documents the disappearance of the patient's language and individual interpretation of his or her medical history in the case-histories of the early nineteenth century as doctors increasingly employed medical jargon written for the benefit of colleagues. In Fissell's summary, 'patients were deskilled, denied interpretive authority', and 'their bodies made to speak for them'.⁶ But all such critical approaches to patient history, as Roy Porter charges, 'often end up by silently reinforcing that old stereotype of the sick, i.e. their basic invisibility.'⁷

This theoretical perspective on hospital patients in the nineteenth century has promoted the assumption that they did not speak or write about their experience for themselves. This may be why Mathewson's account has received relatively little attention, even though it has been known since the 1970s. Her 'Sketch' was first briefly described by W. B. Howie and S. A. B. Black in two articles published in medical journals.⁸ Martin Goldman, a science producer for BBC Radio Scotland, then put together a book, *Lister Ward*, which included excerpts from Mathewson's 'Sketch' and some of her letters, along with poems and letters by William Ernest Henley, who had been a private patient of Lister's in the Edinburgh Royal Infirmary earlier in the

1870s. Although Goldman opens his book with the statement that ‘this book is about what it was like to be a patient in a Victorian hospital, the Edinburgh Royal Infirmary, at the time when Joseph Lister was pioneering the use of antiseptics’, signaling his interest in representing the patient’s view rather than the conventional ‘mellow haze of hero worship’ in writings about Lister, he also sees the two individual stories of Henley and Mathewson as reflecting ‘the universal experience of countless Victorian patients’.⁹ He does not regard the differences in their treatment as private, paying patient versus non-paying, charity patient as particularly significant. In his reading, both patients’ accounts are ‘biased’: Henley’s weakness is ‘insincerity’, or ‘verses written for calculated effect rather than stating genuine feelings and responses to events’; while Mathewson’s ‘Sketch’ is ‘an evangelical tract [...] meant to convert people to hospitals and her brand of Methodism’ that employs ‘planted phrases’ and ‘planted sentiments’ (Goldman, p. 147).

[3]

Still more recently Guenter B. Risse, in his history of hospitals as rooted in patient experience, *Mending Bodies, Saving Souls: A History of Hospitals*, discusses Mathewson’s ‘Sketch’ at considerable length as his only example of a nineteenth-century account of hospital experience that is an actual ‘eye-witness’ account.¹⁰ However, he paraphrases most of the material he takes from Mathewson’s account, thus presenting it largely from his perspective, not hers. In effect he repeats the process of silencing the patient by using his words, not those of the

patient, to write her case-history as a medical historian understands it.¹¹

Despite these acknowledgments of the existence of Mathewson’s ‘Sketch’ of her eight months as a patient in the Royal Infirmary of Edinburgh in 1877, the unique significance of the narrative as a nineteenth-century charity hospital patient’s account *in her own words* does not seem to have been recognized. The ‘Sketch’ has never been published in its entirety, nor has it been known that the two copies of the ‘Sketch’ held by the Shetland Museum and Archives differ extensively. The first, a photocopy of a complete holograph manuscript now in private ownership, is dated 8 August 1879.¹² The second copy of the ‘Sketch’, a manuscript now held by the Shetland Archives, has only the first six pages in Mathewson’s hand. The rest is a copy known to have been made by a friend of hers, Laurence Williamson. This copy is dated 27 September 1879, and in its ‘Preface’ Mathewson notes that ‘in complying with the request of my friends to publish it I have written several copies having left out some insignificant items and put in others more interesting’ (SI, 2). My comparison of the texts of these two versions of the ‘Sketch’ indicates that much of what Mathewson considered ‘insignificant’ in the earlier copy is highly significant for Foucauldian/Jewsonian readers, for it produces an image of a Victorian-era charity hospital patient strikingly different from the passive, silenced ‘body’ we have been trained to expect.

By contrast, the excerpts published in *Lister Ward*, which are taken from the

later manuscript, appear to invite a Foucauldian reading of Mathewson. Historian Hilary Marland, for example, comments that Mathewson ‘seems to have no expectation of any power’, and that this might be because she ‘wishes to present a picture of Christian submission to her sufferings or, as Foucault and Jewson suggest, that she sees herself participating in a sort of unwritten contract’ (Marland, p. 56). And indeed, Mathewson discovers on her first admission to the hospital that her position is that of an ‘interesting case’, a body on which the Professor lectures and medical students feel free to ‘take lessons’, a body over whose diagnosis and treatment she has no say. At one point in her narrative, she reminds herself that tho’ its so far prison like, still it is not that, it is an Hospital, and tho’ bleak and dreary looking I was there under the wise dispensation of God, and he will do with me just as he sees best. (SI, 26)

But a reading of both versions of the ‘Sketch’ in their entirety, and a careful consideration of the changes made in the later version, prompts a radical revision of Foucault’s and Jewson’s views on the objectification and powerlessness of the nineteenth-century hospital patient. I will quote Mathewson not only on what kinds of pain she endured, and how the staff responded to it, but how, in one extraordinary instance, she denounced what she believed to be deliberately ‘cruel’ treatment — only to tone down her description of the entire incident in the later version of the manu-

script. Both versions of the ‘Sketch’, despite their numerous differences, produce a narrative of a hospital patient’s progress from ‘interesting’ case to ‘successful’ and even ‘favorite’ case, a movement from one who is operated on to one who proudly describes to a doctor how she operated on herself, inserting a drainage tube in her own shoulder ‘before a glass’ (SI, 182; S2, 92). Finally when the two versions of the ‘Sketch’ are supplemented by some of the numerous letters written by Margaret and other members of her family, we discover important material about her methods of coping with pain even before she decided to seek admission to the Royal Infirmary of Edinburgh, as well as during her eight-month hospital stay.

‘What’s the best Professor’s name for surgery?’

This is the question Mathewson boldly puts to the porter at the Edinburgh Royal Infirmary. It illustrates both her relative ignorance of surgical developments at this time and her active role in acquiring that knowledge and obtaining the best medical treatment available. It is particularly appropriate that her introduction to the Infirmary should begin, not with a question put to her by a member of the medical establishment, but with her own question, demonstrating her determination to find the best possible member of that establishment for the treatment of her advanced and painful disease.

But who was Margaret Mathewson? Born in the schoolhouse in East Yell, Shet-

land on 18 April 1848, she was the eleventh child of a schoolteacher, Andrew Dishington Mathewson (1799–1887), and his wife, Barbara Robertson Mathewson (1807–1873). She grew up in that schoolhouse, helping with the farm-work as well as housework. She was educated solely by her father. She worked for various periods of time as a domestic in Edinburgh and Liverpool during the mid-1870s, but apparently returned home when she first developed ‘chest disease’ and then later pain and swelling in her shoulder.¹³ Before deciding to seek treatment at the Royal Infirmary of Edinburgh, she had been treated only by the local minister, James Barclay, as there were no doctors in Yell at this time. Barclay had learned what medical knowledge and skills he had from observing his father, who had been a doctor. But eventually Mathewson had decided she must travel to Edinburgh, as her arm kept getting worse, and she feared ‘likely the disease was at the bone owing to the severe pain I always had in it’ (SI, 1). She had arrived in Leith, the port of Edinburgh, where she had her ‘usual boarding when South’ two days previously after a lengthy voyage from Shetland (SI, 2). She had walked from the Edinburgh train station to the Infirmary, as she would meticulously document in the ‘Sketch’ she was to write two years later, on ‘Fri morning Feb 23rd 10:30 AM’, accompanied by Cousin Martha, or Mrs McTernan (SI, 2). Mathewson, like most of those who entered the Infirmary, was not a pauper. The *Medical Register* for the Royal Infirmary of Edinburgh in 1877 has a separate column for

‘Paupers’, but on the day of Mathewson’s admission only two paupers were admitted: one a ‘Labourer’ and the other a ‘Water Officer’. Occupations were listed for the other forty-eight patients, although the occupation given for female patients was usually that of the husband or father, such as ‘schoolteacher’ in Mathewson’s case.¹⁴ They were nonetheless charity patients, treated and cared for without charge. Mathewson knew she had to have a letter of introduction in order to be considered for admission.

Though not a pauper, Mathewson clearly believed herself to be of much lower ‘station’ than the doctors. On the day she was admitted, she was first seen by William Watson Cheyne, who was Lister’s house surgeon at the time, but later became almost as famous as Lister. She immediately recognized him as a ‘Shetland gentleman’, but he did not recognize her. However, after reading the introductory note from the minister Mr Barclay, the doctor seemed to recognize the minister’s handwriting. ‘He then looked at me, then read the note & again looked at me, and said Do you know me? Yes Sir. Who am I? Dr Cheyne of Fetlar Shetland Sir. Yes the same (Martha was surprised we were any ways acquaint [*sic*])’ (SI, 3). Mathewson was obviously much pleased by the doctor’s recognition, even if belated, and tickled by her cousin Martha’s surprise that she was in any way ‘acquaint’ with him.¹⁵ Cheyne did a preliminary examination of her shoulder and told her that it was not dislocated, but that she had an abscess in the joint and another on the collar-bone. He instructed her only

to put on her outside jacket, as Prof. Lister would be in a hurry when he examined her.

When she first glimpsed Lister, passing him on his way into the operating theatre, she described him as 'an elderly looking gentleman' (SI, 4). After a rather disturbing interval during which she and Martha heard 'fearful screams' and then saw first a man carried out in a basket followed by his leg wrapped in silk paper, 'the blood tipping from it', she was introduced to Lister by Cheyne. Cheyne now called her 'an acquaintance of his from Shetland' (SI, 7). Mathewson comments in her 'Sketch' that Lister 'seemed to be a kind and good man' (SI, 7). Lister then examined Mathewson's shoulder again, enquiring into how long ago the trouble with the shoulder joint had begun. She answered, '12 months, Sir' (SI, 7). He also asked how the 'opening between the joints' had been made, and she answered that the Rev. Mr Barclay had made it a month ago. 'How did a minister make the operation?' Lister asked, and she replied that Mr Barclay was all the Practitioner there was in 'our island', a point confirmed by Cheyne (SI, 8).

What Mathewson did not tell Lister, however, was that in the absence of a 'Practitioner', and after Barclay's operation had been only partially successful, she had opened the joint herself. In an eight-page letter to her older brother Arthur dated 31 January 1877, she describes what had happened:

Now about my arm. Well I told you it was gathering & it continued to do so but

was not like to burst (or even get Yellow & never did) thus I went to Mr Barclay on New Years day & he told me to call at Thos. Johnson's Reafirth & get a little Linseed meal for Poultices & use it till Wednesday following when he would call here. I did so but found the Poultices setting it backward. But Mr B came on Wednesday & opened it he got a lot of matter out then mixture. He also said the Poultices was set it back. The 3rd day after it gathered again & I opened it myself & got as much stuff again & I then made flour poultices & kept it open & a third time it gathered & I am still going on with poultices (now bread or loaf) & its issuing a very little yet & I find my shoulder is dislocated.¹⁶

Clearly, Mathewson had acted as her own surgeon when she felt that the minister's efforts were unsuccessful and even misguided. She not only opens the abscess — a process that must have been extremely painful but on which she does not enlarge — but she decides to use 'flour' poultices apparently made from bread. She does not, however, inform Lister about her surgical self-treatment.

Lister also asked her whether she had ever fallen on the shoulder (she had, in a hay loft), and what the marks on her chest were. They were marks from 'a drawing plaister', she replied, and when he asked what that had been for, she replied, 'for chest disease Sir' (SI, 8). Lister then, Mathewson wrote, 'sat down folded his hands closed his eyes as if in silent prayer

(which gave me more confidence in his skill and I also lifted my heart in prayer of thankfulness to God for directing me to this Christian gentleman)' (SI, 8). After this, he took a silver probe out of a case in his pocket. It was about four inches long, and he pushed it into her shoulder joint so that she could feel it 'quite into the shoulder cup' (SI, 8). The probing felt 'very sore' and made the shoulder bleed a little. Lister then asked her how long she had had 'chest disease', and she said, 'for about three years Sir' (SI, 9).

During the examination, Lister then turned to the students and said, Now gentlemen this quite accounts for the shoulder being diseased. The patient has had chest disease, and has suffered a great deal from it but now instead of falling deeper into the lung, it has very providentially [*sic*] turned off from the lungs into the shoulder joint had not this operation been made in the arm — it evidently would have returned to the lungs, and the patient would have died immediately. But this operation has drawn off a lot of discharge. (SI, 9)

In the earlier version of her 'Sketch', Mathewson includes in parentheses, 'this was just a repetition of Mr Barclays words when he made the operation' (SI, 9). In the later version, she omits this rather devastating comparison of the famous professor's medical opinion to the obscure minister's.

Following this examination and history-taking, Mathewson reports that Lister said, 'Well we will sound your chest some day and see what we can do for you' (SI, 9–10). This meant that she was to be admitted. Lister had decided that he might be

able to help her by operating on her shoulder, as the disease had 'providentially' turned from the lungs into the shoulder joint. That tuberculosis was a systemic disease caused by a specific bacterium was not even imagined by doctors at this time (Robert Koch did not identify the tubercle bacillus until 1882). Lister's notion of 'germ theory' was still only partially based on Louis Pasteur's new theory of airborne microorganisms, despite his use of 'antiseptics' intended to destroy bacteria entering the body from the exterior and thus causing wound 'putrefaction'.¹⁷ But his admitting examination and questioning of the patient was as complete as his germ theory was incomplete: he tried to elicit full information from Mathewson about her medical history, her medical treatment so far, and her own opinion about her illness.¹⁸ That she did not tell him everything, and that his case notes — had he written any — would have differed from this patient's view, not only of her own case but of her surgeon's degree of expertise, he was, of course, unaware.¹⁹

'What like is your pain?'

On her first night in the hospital, Mathewson did not have much opportunity to see how well she could sleep in this 'strange scenery' with the pain in her arm, as she was awakened by the commotion of a railway accident patient being brought in (SI, 19). But on the second night, she fell asleep earlier than usual, only to wake at around 11:40 p.m. At about midnight, she noted, Cheyne came in and checked on each patient as they slept. When he found Mathewson awake, he questioned 'Dear-o-

me! How are you awake at this hour alone?'. When she explained that she had just woken up, the doctor asked 'Have you pain in your arm?' and 'what like is it?'. But when Mathewson replied that her pain 'wakens me out of sleep', and feels 'as if the arm was starting off', the doctor only replies, 'Yes so it is. O well I hope if you stay long with us you will get free of all your pain and good night' (SI, 19–20).

Pain medication was apparently not given preoperatively in any form in Lister's wards. Mathewson had to wait a full month in the hospital before her operation, probably because her arm continued to suppurate. Although she was allowed to walk about the ward freely, and to observe and talk to other patients, she does not describe any sort of pain medication being administered to herself or to other preoperative patients.²⁰ Morphine was available in both oral and injectable form at this time, but Mathewson and patients in Lister's wards do not seem to have even been aware of its existence, or of any other pain-relieving agent except chloroform — and that was used only for major surgery. This was in contrast to other hospitals of the time: S. Weir Mitchell's work indicates that morphine was used freely to relieve the pain of war wounds in American hospitals.²¹ It was also in contrast to the apparently common use of opium in Britain to relieve the pain of those ill or dying with such diseases as tuberculosis at home.²²

Mathewson describes, for example, the pain she observed in a woman with a twist-

ed elbow joint whose hand has been 'put on the extension', which Mathewson carefully explains involves having increasing weights of sand attached to it by a cord and hung over the foot of the bed. After the weight of the sand has reached twenty-one pounds, the woman's hand and arm turn blue. Mathewson asks her if she feels much pain. The woman replies, 'Oh the pain is very bad', and asks if Mathewson can tell her why she is treated thus (SI, 44). Mathewson explains that the treatment is intended to 'stop the lower part of the arm from grating on the top part and to keep it in a proper position' until the operation can be performed (SI, 44). Yet the patient is not offered any medication, or Mathewson does not mention it.

Mathewson appeared not to regard pain as something she or anyone else was divinely ordained to suffer. As a convert to Wesleyan Methodism, she took very seriously her obligation to teach others about Jesus's ever available forgiveness and love, as well as to do anything she could to help them bear their pain. But she never spoke about pain as punishment imposed by a just but vengeful God, or as a special mission to bear Christ-like suffering. For the woman whose arm had been put 'on extension', and who turned out to be a 'Catholic' (Roman Catholic), Mathewson first explained to her that the reason she did not feel any better even the second day after the operation was likely due to the effects of the chloroform, which would stay with her for some time after she had got over the operation, but

then continued, 'I hope if you do not get better you will get home to heaven where theres no more pain' (SI, 46). When the woman exclaimed, 'Oh yes, Father will plead for me!', Mathewson insisted that she did not need Father O'Reilly; she did not need any priest except Jesus; that Jesus had suffered 'fearful pain' to prepare a place in heaven not only for the disciples but for 'every person as well which would believe he had suffered their punishment instead of them before God' (SI, 50–51).

Mathewson also stated that she did not believe in the doctrine of 'Election', at least not to the extent of believing that God "elected" or ordained some to everlasting life, and some to everlasting death' (SI, 146). In Calvinist Scotland, many believed that pain and suffering in this life was an indication that they were doomed to everlasting pain and suffering in the next life. Mathewson's evangelical faith clearly led her to reject any idea that a profoundly loving and compassionate God could condemn human beings to everlasting punishment, and this belief also allowed her to feel that she could and should do anything possible to relieve her own pain and that of others — not only the mental torment of believing that one's pain was the consequence of guilt and sin, but the physical pain of the body as well. As she explained to a young doctor, she had never 'joined the teetotalism', thus she did not reject the use of alcohol, which happened to be about the only form of pain relief that was available on Lister's wards (SI, 189).

In a note written in pencil on 28 March, five days after the surgery, ad-

dressed to her brother Andrew and his wife Jane, Mathewson writes that the Professor had

moved the arm back & fore & up & down oh how sore it was I almost fainted so last night it was so painful I slept very little & am most have fainted 2 or 3 times as I was so weak I didn't know where at all I was & after a bit I ast the nurse for a teaspoon of brandy, but she was in bad temper after a little I ast a drink of water but no I got none until her time came the night nurses is the worst ones.²³

It would appear that some nurses, but not all, were averse to providing patients with brandy. In a letter dated 12 April, almost three weeks after the surgery, Mathewson wrote in a letter to 'Dear Father Brother & Sister, etc.' that

Yesterday & last night I took bowel cramp, & was very ill but got little sympathy from those queer nurses & the head nurse Miss Logan was in another ward on duty there & none of this ones would give me a teaspoon of brandy or make me a cup of tea but laughed at me & by chance Miss Logan came & I ast her myself for a little brandy & told her for why. She went & gave me near a glass of brandy, which eased me instantly.²⁴

After surgery, however, doctors appear to have routinely administered morphine orally to patients. Mathewson, like at least one other patient whom she describes, tried to refuse the morphine, apparently believing it was an emetic or purgative.

Nurse kept feeding me with 'Ice' & asked if I felt much pain. Yes nurse a good deal. Would you please give me a little

lemonade as I feel so hot. She brought it & sat down taking my pulse every $\frac{1}{4}$ an hour. As the night wore on the pain increased. I asked nurse for another pillow hoping I would not feel so giddy but it was all the same & feverishness increased & nurse observed me — restless & asked will you have a drink. Yes please nurse? she went for it was such a time away but was upstairs (as I supposed getting a draught from the Dr, came back with a medicine glass of murphey etc which I was resolved not to take but after some persuasion did take. Dr Cheyne came in about 12 p.m. and said well nurse how is the patients? Margt is very feverish & restless owing to a lot of pain [...] did Margt take the medicine? Yes Sir after some persuasion. How was that? Well, I believe she thought it was other medicine but as soon as she heard it was really for the pain she took it at once. Oh I thought she had a good reason for saying 'no,' but seeing she has taken this I can't give more at present. But give her plenty of 'Ice' mind Yes Sir. (SI, 70–71)

[8]

In the later version of the manuscript, Mathewson gives the correct name to the medicine, but seems to also feel she has to explain in greater detail her initial resistance to taking it:

As the night wore on, the pain increased, also the feverishness, and at times I was on the eve of shouting, the pain was so severe. I then thought 'I shall not shout as long as I can avoid it.' I thus hid my mouth in the sheet. I felt giddy and asked nurse for

another pillow, and got it as I fancied I would not feel so sick. But it was the same. I felt so warm, I put down the quilt. Nurse said 'No you must not put off the quilt, but keep chewing ice and that will keep you cool, but would you have a drink.' 'Yes nurse please.' I thought now I would get a jug of cold water and I knew if I got hold of it I should take a drink. Nurse [...] then returned with a medicine glass of morphia, laudanum etc. She told me to take this quite up, and it would better me. I was not inclined to take it at all, as I had seen the effects of similar drafts on others that I was determined not to taste it if ever it came to me. She persuaded me, and told me 'It would ease the pain which you are trying to choke every now and then.' I took it quite out, when I heard it would ease the pain. (S2, 42–43)

When the doctor checks her, Mathewson's account in the later version has the doctor testifying to her willingness as a patient to do anything she was asked:

About 12 P.m. the doctor came in and said 'How are the patients?' 'Margaret is very feverish & restless and has a lot of pain [...]' 'Did she take the medicine?' 'Yes as soon as she heard it was for the pain, but ere then I thought she would not take a drop.' 'Dear-o-me how was that as I thought she was nowise averse to anything we have wished her to do before at least? I have always found her so haven't you?' 'Yes I must say so too but I believe she thought it was some other kind of medicine as she told me she did not require it.' 'Oh, I

thought she had a good reason for saying 'no.' Well, seeing she has taken it I can't give more at present, but give her plenty of Ice mind.' 'Yes sir.' (S2, 42–43)

Mathewson also describes the 'Catholic' patient as being unwilling to take the medicine offered her after surgery:

She continued very weak during the evening and seemed to get worse as the evening wore on. Dr Cheyne (our house Dr) came & took her pulse every half hour, and a special nurse was set at her bedside. Dr Cheyne came with a medicine glass full of morphia etc. and offered to her. She was very against taking it. He pressed on her to take it, and it would make her better. She did so after some persuasion.²⁵

The day after the surgery, Lister came into the ward with a 'train of students' and asked whether she felt any pain. When she said she did, he asked 'What like is it? [*sic*] Is it an aching pain, or a severe pain, or starting pain? It is a squeezing pain Sir as if squeezing by a cord' (S1, 73). In the later manuscript, she enlarges on this questioning of the specific nature of her pain: "What like is it? Is it a severe pain, an acute pain, an aching pain, or starting pain?" "It is neither sir. It is a squeezing pain, as if it was squeezed between two things or articles or with a cord, sir" (S2, 42). In both versions of the 'Sketch', Lister accepts the patient's description of her pain as if it confirms his expectations, but he also supplies descriptors of pain, as if using the patient's pain experience as a diagnostic aid. In Mathewson's later version of the exchange, she gives herself the credit for coming up with the exact descriptor —

'squeezing' — as if she had more fully realized how important the precise character of the patient's pain was to the physician's diagnosis.

Then follows the first dressing change, during which Lister puts the arm through the full range of motions, causing the 'indescribable' and 'excruciating' pain as described in the opening quotation for this essay.²⁶ In the later version of the 'Sketch', the dressing is followed by Lister using the opportunity to teach the students more about pain:

Prof. said to the students, 'Gentlemen the patient said to the Dr this morning on being asked if she had any pain, she said "I feel it sore but not painful." Now gentlemen, can you tell me what she meant?' 'She means that she wants a name for the pain Sir.' 'No she expressed herself exactly as she felt it at the time, and I am glad she did as it brings out a something I have been wishing to hear from some patient or another for some time back. Her expression is a Scotch phrase. An English person would have said quite the opposite — painful but not sore, but although I am an Englishman, I quite understand her. Have you not observed during the dressing how she tried to hide the pain by putting the sheet in her mouth? It shows me that she suffers a great deal more of pain than she wishes to let us know about and that is characteristic of Scotch people. An English person would infer that she feels a great deal of less pain than she would wish to let us think she did, but she really does not. However, I have a great fear of putrefaction setting in. (S2, 45–46)

The rest of the paragraph follows as in the opening quotation. Here, Lister interprets her description of her pain as an indication of her national character: like 'Scotch' people in general, she is stoic and wishes not to let others know how much pain she suffers. It seems clear from Mathewson's description that she took considerable pride in his evident admiration for her stoic 'Scotch' courage. But her stoicism had its limits, as was soon to be demonstrated by her encounter with the 'cruel dresser'.

'I am determined to inform on you'

Soon after this episode, Lister (and Cheyne) left for London. Mathewson was left to the care of the new House Surgeon, Dr Roxburgh, whom she describes as being 'very kind to me' (SI, 107). But then there was a change of dressers (medical students who bound wounds), as every six months students were rotated for duty in the surgical or medical wards. Mathewson was then assigned to one of the new student dressers, a fateful change for her. 'Until then,' she wrote, 'I had not known experimentally what a "cruel dresser" meant' (SI, 107):

The first dressing Mr ___ made I really thought he had overturned all the ligaments etc. which had then begun to go together. the pain was dreadful and the draw sheet & pillows etc had to be changed for the blood from the wound then the bandages was tight. Miss Logan came in and I was leaning on the table & crying from the pain & soreness. Dear-o-me have you got bad news. No Miss Logan, not in the way you

mean, but I have got a cruel dresser!! (SI, 107–08)

She slept but little for the following two nights, and this was the case every time Mr ___ (she never names him in either version of the 'Sketch') changed her dressings for the next three months.²⁷ A letter to Mathewson's father dated 11 June 1877 demonstrates that, if anything, her description of the cruelty of this dresser is understated in the 'Sketch':

I mean to ask <thro the week> if they will let me go to the convalescent now, as then I would (I hope) get free of the fearful Squeezing Mr Hart gives me arm It couldn't be worse any way I think if it should'nt be much better. On Saturday he dressed me sitting on a chair (as I was up before he came, just to see if it would be any better being out of the bed) & it was worse than ever but I tried not to cry out much, he put his knee on my side below my arm and pulled up my arm with both hands the blood ran down over my clothes (thro the places where the tubes was in) it was very sore and painful all Saturday afternoon & night & I hardly sleep't any & it was still sore Yesterday morning but got a little better after that so as I slept very well last night.²⁸

At last, the dresser went on holiday to 'Vienna', and while he was away, Roxburgh again took over the dressing changes, for which she was 'thankful' (SI, 109).

But when Mr ___ returned from his holidays, the torture of dressing days began again. She told herself that Mr ___ was 'try-

ing experiments' on her case and didn't really have a 'cruel design' (SI, 109). But then one day he asked her if she was not 'wearying to get away', and she replied

I am indeed. But your style of dressing is preventing my progress and prolonging my stay here. Well you know yours is a rare case and that's my chance for lessons," [*sic*] Well Sir Indeed, if you presume to dress me any longer so cruel, I am determined to inform on you, as I have that privilege if I choose, thus I am reminding you of that, so as to prepare you for your dismissal, Sir Do you really mean it Margt? I really mean what I say sir, as I have suffered too long for your pleasure & rather than to cause any gentleman lose so important a situation as you are preparing to fill. Well I am much obliged to you for this notice as I know you have it in your power to cause my dismissal, & I beg your pardon, & I shall not be so hard again If you don't inform this time yet. (SI, 109–10)

However, there was no difference in the way the student did her dressings thereafter, and when Lister returned from London to visit his patients in Edinburgh again, he was shocked by the condition of Mathewson's wound:

He came and began to undo the bandages on my arm when he came to the sore he stoped & asked whats been doing here (?) Who is the dresser? Mr ___ Sir said Dr Rgh Well Mr ___ you have not failed to move the joint here (Mr ___'s face got red) and have reopened what was set together Sir which Im sorry for as I expected to see its great progression at this date. Then the

pain it must have given the patient! (SI, 110)

Lister's reputation for rebuking students severely if he thought they had mistreated a patient is well known. M. Anne Crowther and Marguerite W. Dupree comment that 'his pained and public reproaches if dressers appeared at all careless or treated patients without proper consideration affected his supporters for the rest of their careers' (p. 102). Here Mathewson goes on to report the following conversation with Lister:

Dr did she never report Mr ___ to you? 'Never to me Sir then said to me Did you always feel pain after the dressing? Yes Sir And did you always sleep well the following nights No Sir, I seldom slep't any the following two or three nights Sir. Just so, well do you think Mr ___ did it from cruelty, or to cause you pain? No Sir, I think Mr ___ did it so as I should not have a stiff joint afterwards, Sir. How do you think so? I think so Sir, as Mr ___ told me I would be able to pull him around the bay near our place in Shetland, when he came there to spend his holiday yet someday perhaps Sir (a laugh.) very good proof, gentlemen, the patient understands the term 'a stiff joint.' Now Mr ___ you see this young woman has not said a word against you to any person & surely you will treat her more gentle. (but no it was the same next dressing day.) (SI, 110–11)

Lister's question as to whether Mathewson had ever reported Mr ___ suggests that, if she had, the student would have been dismissed from the cherished post of dresser, just as she has stated in her

account of her confrontation with the student. Even more significantly, this account suggests that Lister believes the student might have been deliberately sadistic, manipulating her arm as he did in order to cause her pain, just as Mathewson implies in her accusation that she is suffering for his 'pleasure'. Certainly both medical students and practitioners have been accused of sadism throughout medical history, but that charity patients would be encouraged to report a sadistic dresser and that this might result in the dresser being dismissed is a development unexpected at this point in nineteenth-century hospital history.²⁹

Mathewson's version of the 'cruel dresser' story is significantly different in the manuscript dated 29 September 1879, however. It appears to have been carefully edited not only to improve the writing stylistically but to represent Mathewson's behaviour as literally more 'cautious'. She describes both her new dresser's treatment and her response to it in more succinct and less graphic terms:

There was a Mr ___ who got all the cases in No 2 to dress, but until then I had not known what a 'cruel dresser' meant as my sufferings only began then. The first dressing I believed he had again drawn my arm out of the cup & reopened all the wounds etc. The two following nights I slept none at all, & this was invariably the case after dressing me while he was on duty. I felt sure I could not progress under his treatment, and consequently would have to

stay a long time still in the Infirmary. (S2, 63)

Her leaning over the bed sobbing, and crying out to Miss Logan 'I have got a cruel dresser!' is not mentioned at all, and the description of the blood running down all over the bed such that the linen required to be changed has been omitted.

When Lister returns from London and asks her how she is getting on, she replies, 'Thank you Sir, but ordinary.' When he responds, 'How is that? You ought to be getting on well by this time', she comments,

I did not answer Professor's question, as I did not wish to inform on Mr ___ as there were a great amount of events might come out of it. I was not aware of at the time, and evidently it could only add to my suffering instead of abating it. Thus I avoided giving the information for a time hoping Mr H. would improve. (S2, 63)

When the Professor undoes the bandage, however, he immediately asks 'Dr what's been doing here? Who is now the dresser of this case?'. When told that it's 'Mr H. sir', Mathewson comments, in parentheses, that '(Mr H. was present & took a red face.)', adding the following dialogue between Lister, Mr H., and the other medical students and doctors accompanying him on hospital rounds:

'Well, Mr H. you have not failed to move the joint, but this is too much and has reopened what was now set together, and thus retarded the healing process. And then the pain it must have given the patient. Did she ever report you to Dr Roxburgh?'

Dr Roxburgh said 'Never to me, Sir.' Prof. then asked me 'Did you always feel pain after the dressing?' 'Yes Sir.' 'And did you always sleep well the following night?' 'No Sir, for the two following nights I seldom slept any.' 'Do you think Mr H. did it intentionally to cause pain?' 'No Sir, I think Mr H. did it chiefly so as to secure good movement of the joint, so as I should not have a stiff joint. Prof. then patted me on the back, and said, 'You are a considerate and patient young woman.' 'Now Mr H. you see she has not said a word against you, therefore you will surely treat her more kindly.' 'Yes, Sir.' 'I had to be cautious how I answered Prof. here again, as I believed a great deal would depend on what I said regarding the dressing, as 'Many a word in anger spoken, finds its passage back again' says the poet. (S2, 63–64)

In this version, Lister's question, 'Do you think Mr H. did it intentionally to cause pain?' clearly states his awareness that the dresser's motives might have been purely sadistic. But Mathewson's somewhat confusing account appears to explain her failure to report his cruelty as the fear that he might simply be even more cruel thereafter. The whole episode in the earlier 'Sketch' in which she confronts the student and threatens him with dismissal is omitted. In this later version, she makes a complaint to the dresser only after Lister has questioned the dressings and rebuked the student, and her complaint is far more circumspect:

Prof. then had to go again to London, and Mr H. dressed me again; but his manner of dressing was the same. I then told

him I was determined to tell Dr Roxburgh if he did not treat me more gently in moving it. He was a little better after that. (S2, 64)

Her quotation of a line from a poem commonly included in anthologies of poetry and hymns seems designed to give the whole episode a less shocking, more literary character.³⁰

'And what a successful case it came to be'

After a number of weeks spent in the Convalescent Home in Corstorphine and a few more recuperating at her brother Walter's home in Campbeltown, Mathewson was able to return to her home in Shetland. There, having heard that Cheyne was home on the island of Fetlar for his holiday, she went to see him. It was in her view, I believe, a triumphal visit. In her own words:

In the summer of 78 [...] I went to Fetlar to see [Dr Cheyne] for advice on my arm also to let him see its progress. He probed it to see if it was sound at the bone. I felt it in the shoulder cup, and for some days after it was very sore. He asked if it had ever gathered Yes Sir it gathered three times after I came home.' 'What did you do?' I wrote to Dr Chiene Edinburgh and he sent me a drainage tube.' 'And who put it in?' 'Myself, sir, before a glass.' He was very much amused and surprised at this, then had lots of questions; then said, Well it is quite sound at the bone and it will doubtless get to be as strong as the other yet, and what a successful case it came to be and I am so glad to see it'. (S2, 92)

Mathewson added, in this later version of her 'Sketch':

It healed quite up in August and since feels much stronger. It was 17 months healing. Now I can do any sort of indoor work, even washing clothes, etc. And looking back through this ordeal of trouble, how I am laid to wonder, and adore God's love,

and she concludes with a quotation from a hymn (S2, 93). Little more than a year later, her father wrote to his remaining children, Joanna, Laurence, and others, 'I write to you at present to let you know that I followed my Dear Margaret your Sister to the Grave in the Asylum [*sic*] in MidYell on the evening of Saturday the 2nd October'.³¹ In addition to Margaret, he lost two other children that single year of 1880. Arthur died at age forty-one on 20 February 1880, Walter died at age thirty-eight on 31 October 1880, the two brothers most probably, like Margaret, succumbing to tuberculosis (Goldman, pp. 144–45).

Margaret Mathewson's 'Sketch' was not published, even in excerpt form, for over a hundred years. William Ernest Henley's poems about his hospital experience as a private patient of Lister's, by contrast, were published in the *Cornhill Magazine* in July 1875 under the title: 'Hospital Outlines: Sketches and Portraits'.³² His hagiographic poem on Lister, here titled 'A Surgeon', later titled 'The Chief', has been quoted repeatedly in medical journals and elsewhere.³³ One could certainly speculate that, in titling the account of her experiences in the Edinburgh Royal Infirmary a 'Sketch', Mathewson encodes her dreams of becoming not only a nurse — even a nurse-

surgeon — but a writer. After all, the most popular writer of her day, Charles Dickens, had begun his career with *Sketches by Boz*, in which is included 'The Hospital Patient'.³⁴ What would it have meant had Mathewson lived long enough to publish her 'Sketch'? How would 'hospital medicine' have been changed if Mathewson's 'Sketch' had in turn spawned a genre of hospital patient narratives, parallel to but contrasting with the 'invalid narratives' produced by more elite Victorian writers?³⁵ Mathewson's 'Sketch of Eight Months a Patient in the Royal Infirmary of Edinburgh 1877' marks a vital, and perhaps unique, moment in the history of hospital medicine, documenting treatment in one British hospital as seen 'from below'. But this patient charts her medical history as a rise from one subordinated to medical authority to one who speaks — and acts — on her own behalf. When we read this patient's account *in her own words*, we realize that Foucault, Jewson, and others elaborated their theories in the absence of any autobiographical testimony from Victorian hospital patients themselves. While their theories have served well as foundation and ongoing support for the 'patients' rights' movement that emerged in the late twentieth century, we need to heed Porter's charge that those theories are also continuing to reinforce that old stereotype of the basic invisibility — and inaudibility — of the sick. Margaret Mathewson stuffed the sheet in her mouth so she would not 'shout' with the pain. But in writing her 'Sketch', she

reversed her self-silencing, and we can hear that shout if we read what she wrote.

References:

1. Roger French and Andrew Wear (Abingdon: Routledge, 1991), pp. 92–109. I thank the Wellcome Trust for partially funding the research for this article. Margaret Mathewson, 'Sketch', partial holograph manuscript (first six pages) completed by a friend (Laurence Williamson), held in Shetland Archives, #D.7/77, 44–46. Further references to this manuscript are given in the text as 'S2'.
2. I take the phrase, 'from below', from Roy Porter, 'The Patient's View: Doing Medical History from Below', *Theory and Society*, 14 (1985), 175–98.
3. Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Knowledge*, trans. by A. M. Sheridan Smith (New York: Vintage Books, 1994), p. 59.
4. Nicholas D. Jewson, 'The Disappearance of the Sick-Man from Medical Cosmology, 1770–1870', *Sociology*, 10 (1976), 225–44 (pp. 234–35).
5. David Armstrong, 'The Patient's View', *Social Science of Medicine*, 18 (1984), 737–44 (pp. 739, 742).
6. Mary E. Fissell, *Patients, Power, and the Poor in Eighteenth-Century Bristol* (Cambridge: Cambridge University Press, 1991), p. 148.
7. 'Introduction', in *Patients and Practitioners*, ed. by Roy Porter (Cambridge: Cambridge University Press, 1985), pp. 1–22 (p. 2).
8. W. B. Howie and S. A. B. Black, 'Hospital Life a Century Ago', *British Medical Journal*, 28 August 1976, pp. 515–17; 'Sidelights on Lister: A Patient's Account of Lister's Care', *Journal of the History of Medicine & Allied Sciences*, 32 (1977), 239–51.
9. Martin Goldman, *Lister Ward* (Bristol: Hilger, 1987), p. ix. A selection of excerpts reprinted from those in this work also appears in *Health, Disease and Society in Europe, 1800–1930: A Source Book*, ed. by Deborah Brunton (Manchester: Open University, 2004), pp. 32–36; and Hilary Marland comments on it in her textbook essay for the course: 'The Changing Role of the Hospital, 1800–1900', in *Medicine Transformed: Health, Disease and Society in Europe 1800–1930*, ed. by Deborah Brunton (Manchester: Open University, 2004), pp. 31–60 (p. 56).
10. Guenter B. Risse, *Mending Bodies, Saving Souls: A History of Hospitals* (Oxford: Oxford University Press, 1999), pp. 361–87.
11. In addition, Risse seems unaware that the version of the 'Sketch' which he cites — a photocopy of the 'Sketch' then held in the Medical Archive Centre at the Edinburgh University Library — is not the same as the version reprinted in Goldman's *Lister Ward*.
12. Margaret Mathewson, 'Sketch', photocopy held in Shetland Archives, #SA.2/340. Further references to this photocopy are given in the text as 'S1'.

13. The exact dates of her work in Edinburgh and Liverpool have not been determined, but evidence from family letters indicates she may have first developed symptoms of ‘chest disease’ in 1873, and swelling in her armpit as early as March 1875.

14. *Medical Register*, Royal Infirmary of Edinburgh, 23 February 1877, Lothian Health Services Archives, LHBI/126/40.

15. In the later version of the ‘Sketch’, Mathewson changes her comment about Cheyne’s recognition of her to the more socially sophisticated ‘Martha was surprised we knew each other’ (S2, 5).

16. Uncatalogued letter, Shetland Archives. This letter is partially quoted in Goldman, p. 20.

17. Michael Warboys proposes that although Lister based his system of wound treatment in the 1870s on Pasteur’s theory of ‘panspermism’, he also continued to believe that much wound inflammation was chemical in origin and caused by dead or decomposing tissue in the body. See *Spreading Germs: Disease Theories and Medical Practice in Britain, 1865–1900* (Cambridge: Cambridge University Press, 2000), pp. 77–82.

18. Jonathan Gillis suggests that from 1850 on, the trend in patient history-taking moved towards seeing the patient’s history as ‘a superficial, chaotic story’ as contrasted to the physician’s ‘deep, “true” history’. Lister’s history-taking, as recorded by his patient Mathewson, does not quite fit this model, suggesting instead that Lister regarded the patient’s story as true but almost inevitably corroborating the physician’s diagnosis. See ‘The History of the Patient History since 1850’, *Bulletin of the History of Medicine*, 80 (2006), 490–512 (p. 494).

19. Although the Royal College of Surgeons of Edinburgh Archives holds two ward case-books from the years 1869 to 1870 and 1871 to 1872 which list Joseph Lister as surgeon, Lister did not make any notes himself in these books. Notes were kept by other surgical staff members. No case-books from 1872 to 1880 are known.

20. She commented in a letter dated 6 March 1877 that ‘my arm is issuing just about the same as when home and the Drs say while it keeps open they can’t open the other abscess’. Uncatalogued letter, Shetland Archives.

21. Roseleyne Rey notes that S. Weir Mitchell’s work indicates that there was ‘no reticence at all in using morphine’ to treat war wounds in the United States, as it was not until ‘after the 1870s that the limitations of opiate remedies began to be questioned by the medical world which, up until then, was not aware of the problem’. See *The History of Pain*, trans. by Louise Elliott Wallace, J. A. Cadden, and S. W. Cadden (Cambridge, MA: Harvard University Press, 1995), p. 229.

According to William Dale, M. D. Lond., ‘opium is our ordinary and universal catholicon during the course and specifically towards the close of the fatal maladies at which

we have glanced — as cancer, phthisis, asthma, angina pectoris, etc.’ See ‘On Pain, and Some of the Remedies for Its Relief,’ *The Lancet*, 97 (1871), 739–41 (p. 740).

23. Uncatalogued letter, Shetland Archives.

24. Uncatalogued letter, Shetland Archives.

25. S2, 28–29. It is also possible that liquid morphine’s bitter taste made it unappealing to postoperative patients, or that other ingredients with which it was mixed did so. But it does seem clear that neither Mathewson nor the other patient were aware that it would relieve their pain. Nor does Mathewson ever mention how effective the drug was, or speak of requesting it, as she does of brandy.

26. In the earlier ‘Sketch,’ Mathewson’s description of her pain at this first postoperative dressing is similar though a little less elaborate: ‘The pain was undescribable as I had never before felt such pain and I almost fainted from it, & the sweat ran down over me like water, and I felt the arm quite loose from my body, & I felt so weak at the thought of having lost my arm after all!’ (SI, 74).